F-1 REQUEST FOR MEDICAL LEAVE

THE COMPLETED FORM MUST BE RETURNED TO ISFS BY NO LATER THAN THE END OF THE SECOND WEEK OF THE SEMESTER

Family/Last Name: ___________________________________ Given/First Name: ___________________________________

PID #: ___________________________ OHIO E-mail: ______________________________________________________________

Semester/Year: ______________________ **A new form must be completed each semester **

Immigration regulations require F-1 students to be enrolled full-time each semester; full-time status is 12 credit hours for undergraduate students, 9 credit hours for graduate students. Students who will not be full-time must complete this form each semester (fall and spring) that they will be enrolled less than full-time. Graduate students enrolled in their department’s 695 or 895 thesis/dissertation research course do not need to complete this form.

Students will be authorized for a reduced course load by an International Student Advisor. Students approved for a reduced course load will be notified via e-mail of the approval.

SECTION 1: Academic Advisor Support

Semester for reduced course load request: ☐ Fall 2015 ☐ Spring 2015 ☐ Summer 2015

Number of credit hours that student will be enrolled: ____________________________________________________________

Academic Advisor name: ____________________________________________________________

Advisor Signature and date: ________________________________________________________________

SECTION 2: Letter documenting medical need for reduced course load

In order to apply for a medical reduced course load below full-time enrollment as a result of a temporary illness or medication condition, you must obtain a statement on letterhead from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist recommending the interruption or reduction in studies. Please note that only letters from licensed medical doctors, doctors of osteopathy, or licensed clinical psychologists can be accepted.

The health care provider must indicate the following:

1) The semester for which the health care practitioner recommends the reduced course load.
2) Whether the health care practitioner recommends reducing your courses or withdrawing from your courses; and
3) The medical reason for the reduced course load.

Revised January 2015

International Student and Faculty Services • Walter International Education Center
15 Park Place • Athens, OH 45701 • 740.593.4330 • 740.593.4328 (fax) • www.ohio.edu/isfs
To Be Completed by International Student and Faculty Services

Medical Leave  ☐ Approved  ☐ Denied

Advisor: __________  Date: __________

Notes:

SEVIS/FSAATLAS/PS update: Y or N